

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: AS
APPLICATION YEAR: 2009

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FORM 2
MCH BUDGET DETAILS FOR FY 2009

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: AS

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 516,208

A.Preventive and primary care for children:

\$ 155,500 (30.12%)

B.Children with special health care needs:

\$ 155,030 (30.03%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 51,000 (9.88%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 387,156

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 318,604

\$ 387,156

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 903,364

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 100,000

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

\$ 0

\$ 0

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 100,000

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 1,003,364

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: AS

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$ 524,000	\$ 524,000	\$ 541,064	\$ 541,064	\$ 527,373	\$ 527,373
2. Unobligated Balance (Line2, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds (Line3, Form 2)	\$ 398,759	\$ 398,759	\$ 405,798	\$ 405,798	\$ 398,759	\$ 398,759
4. Local MCH Funds (Line4, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds (Line5, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income (Line6, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal (Line8, Form 2)	\$ 922,759	\$ 922,759	\$ 946,862	\$ 946,862	\$ 926,132	\$ 926,132
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds (Line10, Form 2)	\$ 184,466	\$ 184,466	\$ 285,789	\$ 285,789	\$ 100,000	\$ 100,000
9. Total (Line11, Form 2)	\$ 1,107,225	\$ 1,107,225	\$ 1,232,651	\$ 1,232,651	\$ 1,026,132	\$ 1,026,132
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: AS

	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 541,064	\$ 505,547	\$ 541,064	\$ 0	\$ 516,208	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 405,798	\$ 405,798	\$ 405,798	\$ 0	\$ 387,156	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 946,862	\$ 911,345	\$ 946,862	\$ 0	\$ 903,364	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 165,000	\$ 165,000	\$ 165,000	\$ 0	\$ 100,000	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 1,111,862	\$ 1,076,345	\$ 1,111,862	\$ 0	\$ 1,003,364	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1.

Section Number: Main

Field Name: FedAllocExpended

Row Name: Federal Allocation

Column Name: Expended

Year: 2007

Field Note:

The difference between amount budgeted an amount expended is the difference in the amount originally budget and the actual amount awarded for 2007.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: AS

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 168,321	\$ 168,321	\$ 118,335	\$ 118,335	\$ 134,150	\$ 134,150
b. Infants < 1 year old	\$ 168,321	\$ 168,321	\$ 118,515	\$ 118,515	\$ 134,150	\$ 134,150
c. Children 1 to 22 years old	\$ 246,921	\$ 246,921	\$ 284,004	\$ 284,004	\$ 280,711	\$ 280,711
d. Children with Special Healthcare Needs	\$ 246,921	\$ 246,921	\$ 284,004	\$ 284,004	\$ 284,508	\$ 284,508
e. Others	\$ 0	\$ 0	\$ 47,334	\$ 47,334	\$ 0	\$ 0
f. Administration	\$ 92,275	\$ 92,275	\$ 94,670	\$ 94,670	\$ 92,613	\$ 92,613
g. SUBTOTAL	\$ 922,759	\$ 922,759	\$ 946,862	\$ 946,862	\$ 926,132	\$ 926,132
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 0		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 184,466		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Immunization	\$ 0		\$ 185,789		\$ 0	
III. SUBTOTAL	\$ 184,466		\$ 285,789		\$ 100,000	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: AS

	FY 2007		FY 2008		FY 2009	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 142,029	\$ 142,029	\$ 142,029	\$ 0	\$ 135,505	\$ 0
b. Infants < 1 year old	\$ 142,029	\$ 142,029	\$ 142,029	\$ 0	\$ 135,504	\$ 0
c. Children 1 to 22 years old	\$ 284,058	\$ 264,058	\$ 284,058	\$ 0	\$ 271,009	\$ 0
d. Children with Special Healthcare Needs	\$ 284,058	\$ 268,541	\$ 284,058	\$ 0	\$ 271,010	\$ 0
e. Others	\$ 36,526	\$ 36,526	\$ 36,526	\$ 0	\$ 35,000	\$ 0
f. Administration	\$ 58,162	\$ 58,162	\$ 58,162	\$ 0	\$ 55,336	\$ 0
g. SUBTOTAL	\$ 946,862	\$ 911,345	\$ 946,862	\$ 0	\$ 903,364	\$ 0

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
MCB SOHCS	\$ 0		\$ 65,000		\$ 0	
MCHB SOHCS	\$ 65,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 165,000		\$ 165,000		\$ 100,000	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

None

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: AS

TYPE OF SERVICE	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 311,603	\$ 311,603	\$ 388,213	\$ 388,213	\$ 398,236	\$ 398,236
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 139,506	\$ 139,506	\$ 151,498	\$ 151,498	\$ 157,442	\$ 157,442
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 218,104	\$ 218,104	\$ 142,030	\$ 142,030	\$ 46,306	\$ 46,306
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 253,546	\$ 253,546	\$ 265,121	\$ 265,121	\$ 324,148	\$ 324,148
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 922,759	\$ 922,759	\$ 946,862	\$ 946,862	\$ 926,132	\$ 926,132

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: AS

TYPE OF SERVICE	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 407,150	\$ 407,150	\$ 407,150	\$ 0	\$ 397,480	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 151,497	\$ 121,497	\$ 151,497	\$ 0	\$ 117,438	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 236,715	\$ 231,715	\$ 236,715	\$ 0	\$ 225,841	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 151,500	\$ 150,983	\$ 151,500	\$ 0	\$ 162,605	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 946,862	\$ 911,345	\$ 946,862	\$ 0	\$ 903,364	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2007
Field Note:
The difference between the budget and expended amounts for this category reflect a decrease from the amount budgeted and the actual amount.
2. **Section Number:** Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2008
Field Note:
The significant increase in Population-Based Services from 2006 to 2007 reflects additional resources devoted to Oral Health and Outreach/Public Education. These efforts are reflected in efforts to increase the number of 3rd graders who received dental sealants, increasing outreach to promote nutrition, physical activity, and breastfeeding.

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
Sect. 506(a)(2)(B)(iii)						
STATE: AS						
Total Births by Occurrence: 1,291				Reporting Year: 2007		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria						
Congenital Hypothyroidism						
Galactosemia						
Sickle Cell Disease						
Other Screening (Specify)						
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator. (2) Report only those from resident births. (3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6
None
FIELD LEVEL NOTES
None

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: AS

Reporting Year: 2007

	TITLE V	PRIMARY SOURCES OF COVERAGE				
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	1,291	100.0				
Infants < 1 year old	1,326	100.0				
Children 1 to 22 years old	3,267	100.0				
Children with Special Healthcare Needs	140	100.0				
Others	360	100.0				
TOTAL	6,384					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

None

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: AS

Reporting Year: 2007

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	1,291				32	1,259		
Title V Served	1,291				32	1,259		
Eligible for Title XIX	1,291				32	1,259		
INFANTS								
Total Infants in State	1,326				32	1,294		
Title V Served	1,326				32	1,294		
Eligible for Title XIX	1,326				32	1,294		

II. UNDUPLICATED COUNT BY ETHNICITY

	HISPANIC OR LATINO (Sub-categories by country or area of origin)							
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	1,291							
Title V Served	1,291							
Eligible for Title XIX	1,291							
INFANTS								
Total Infants in State	1,326							
Title V Served	1,326							
Eligible for Title XIX	1,326							

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

None

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: AS

	FY 2009	FY 2008	FY 2007	FY 2006	FY 2005
1. State MCH Toll-Free "Hotline" Telephone Number	<u>684-633-4616</u>	<u>684-633-4616</u>	<u>684-633-4616</u>	<u>684-633-4616</u>	<u>(684) 633-4616</u>
2. State MCH Toll-Free "Hotline" Name	Tina & Tamaiti	Tina & Tamaiti	Tina & Tamaiti	Tina & Tamaiti	Tina & Tamaiti (Mothers & Children)
3. Name of Contact Person for State MCH "Hotline"	<u>acki Tulafono, MCH Coor</u>	<u>Jacki Tulafono, MCH Coc</u>	<u>Jacki Tulafono, MCH Coc</u>	<u>Jacki Tulafono, MCH Coc</u>	<u>Jacki Tulafono, MCH Coc</u>
4. Contact Person's Telephone Number	<u>684-633-4616</u>	<u>684-633-4616</u>	<u>684-633-4616</u>	<u>684-633-4616</u>	<u>(684) 633-4616</u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>350</u>	<u>400</u>	<u>450</u>

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: AS

	FY 2009	FY 2008	FY 2007	FY 2006	FY 2005
1. State MCH Toll-Free "Hotline" Telephone Number	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
4. Contact Person's Telephone Number	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u> 0</u>	<u> 0</u>	<u> 0</u>	<u> 0</u>	<u> 0</u>

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2009
[SEC. 506(A)(1)]
STATE: AS

1. State MCH Administration:
(max 2500 characters)

The MCH Programs are administered directly by the Deputy Director of Health, in the same organizational branch as all of the other federally funded programs in the Department of Health.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 516,208
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 387,156
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 903,364

9. Most significant providers receiving MCH funds:

Tafuna Family Health Center
Community Health and Nursing

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	1,291
b. Infants < 1 year old	1,326
c. Children 1 to 22 years old	3,267
d. CSHCN	140
e. Others	360

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

MCH maintains a close working relationship with LBJ Medical Authority, the only acute care provider in the Territory. Those whom are referred from the Well Baby Clinics by physicians and nurse practitioners receive immediate attention in LBJ clinics and services are provided accordingly.

b. Population-Based Services:
(max 2500 characters)

Existing Title V partners such as those with the Immunization Program and the Division of Nursing Services continue to play major roles in providing population-based services to children, adolescents, infants and mothers such as vaccinations.

c. Infrastructure Building Services:
(max 2500 characters)

MCH senior staff continue to engage key leadership roles at the Department of Health in the Programs and Services Division as well as the Nursing Division. Title V clinical staff also provide vital service in the Department.

12. The primary Title V Program contact person:

Name	Jacki M. Tulafono
Title	MCH Coordinator
Address	PO Box 7132
City	Pago Pago
State	AS
Zip	96799
Phone	684-633-4616
Fax	684-633-4617
Email	jtulagono@gmail.com
Web	doh-mch.net

13. The children with special health care needs (CSHCN) contact person:

Name	Jacki M. Tulafono
Title	MCH Coordinator
Address	PO Box 7132
City	Pago Pago
State	AS
Zip	96799
Phone	684-633-4616
Fax	684-633-4617
Email	jtulagono@gmail.com
Web	doh-mch.net



FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: AS

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	0	0	0		10
Annual Indicator	0.0	0.1	0.1	0.1	0.0
Numerator	0	1	1	1	0
Denominator	1,630	1,713	1,720	1,442	1,291

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes Yes

Provisional Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2006

Field Note:

American Samoa does not have a State mandated newborn screening program. The MCH program will review all data items currently collected that are appropriate for this measure and report them in the coming annual report.

2. Section Number: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2005

Field Note:

American Samoa does not have a State mandated newborn screening program. The MCH program will review all data items currently collected that are appropriate for this measure and report them in the coming annual report.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	0	30	35	45	45
Annual Indicator	35.0	35.0	35.0	35.0	89.3
Numerator	21	21	21	21	125
Denominator	60	60	60	60	140

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	90	90	95	95	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from the parent/family survey conducted in 2004. New data has been collected however it is not a significant enough to be representative of all children with special needs. Efforts are currently being made to collect this data for future reporting.

2. **Section Number:** Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	0	0	0	98	65
Annual Indicator	85.8	41.5	54.8	85.7	89.3
Numerator	121	61	80	120	125
Denominator	141	147	146	140	140

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	90	90	90	93	93
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 reflect the current number of children with special needs whose medical home is with served by the CSHCN program. The indicator for this year is below the target due to staffing shortages department wide. The new objectives have been set to reflect the current level of performance.

2. **Section Number:** Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective			100	100	100
Annual Indicator	48.6	100.0	100.0	100.0	100.0
Numerator	70	147	146	140	140
Denominator	144	147	146	140	140

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2006

Field Note:

This measure is not applicable for American Samoa. The American Samoa law states that all residents including children receive free medical services at the government hospital and Public Health, the only two health care providers in the Territory. All children are presumed eligible for Medicaid and SCHIP services. The only cost for health care are the administrative fees charged at the hospital.

2. **Section Number:** Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective			0	60	60
Annual Indicator	51.7	51.7	51.7	50.0	42.9
Numerator	31	31	31	30	60
Denominator	60	60	60	60	140

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	43	43	45	45	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from the parent/family survey conducted in 2004. New data has been collected however there were not enough surveys completed to be representative of all children with special needs. Efforts are currently being made to collect this data for future reporting.

2. **Section Number:** Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective			0	0	50
Annual Indicator	0.0	0.0	0.0	0.0	21.4
Numerator	0	0	0	0	30
Denominator	144	147	146	140	140

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	22	23	24	25	25
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2006

Field Note:

The data has not yet been collected for this measure. Efforts to accurately collect the number of teen CSHCN who are transitioning to adult life and services are in progress.

2. **Section Number:** Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	82	70	85	75	72
Annual Indicator	83.7	79.8	75.1	70.3	69.7
Numerator	1,668	1,635	1,868	1,684	1,667
Denominator	1,994	2,050	2,488	2,396	2,390

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	73	74	75	75	76
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2006

Field Note:

There was a significant decrease in immunization coverage in 2006. This decrease is attributed to changes in the clinic hours for the Well baby clinics. The MCH and Immunization programs are cognizant of this issue and are planning changes to improve the immunization coverage.

2. **Section Number:** Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported for this measure is a result of a manual survey reported by the Immunization Program.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	22	22	21	20	11
Annual Indicator	18.9	22.0	11.7	11.0	14.8
Numerator	30	38	22	33	27
Denominator	1,587	1,727	1,883	2,990	1,828

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	10	10	9	9	8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2006

Field Note:

The increase in the denominator for this measure is a population estimate from the office of Vital Statistics. This MCH program staff will inquire about the significant difference from 2005-2006, however for the time being data for both years is reported as provisional.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	53	55	35	25	32
Annual Indicator	48.5	20.8	4.2	41.9	44.1
Numerator	506	234	72	609	631
Denominator	1,043	1,127	1,699	1,455	1,430

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	45	45	50	50	52
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	6	5	6	6	4
Annual Indicator	7.3	7.1	0.0	4.4	3.8
Numerator	5	5	0	1	1
Denominator	68,176	70,391	23,487	22,720	26,444

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	4	3	3	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective				35	36
Annual Indicator			35.4	34.2	
Numerator			585	675	
Denominator			1,652	1,973	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	36	37	37	38	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2007

Field Note:

The data reported for this measure in 2007 reflects data collected from the two largest Well Baby Clinics. Data has not been collected from the two smaller clinics at the time of this report. This data will be corrected once it has been analyzed.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1,736	1,713	1,720	1,442	1,291

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes

Yes

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2006**Field Note:**

Hearing screening is not available in American Samoa .

2. Section Number: Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2005**Field Note:**

American Samoa does not conduct hearing screening.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	NaN	NaN	0.0	0.0
Numerator	0	0	0	0	0
Denominator	0	0	0	22,720	26,444

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	0	0	0	0	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

The American Samoa Medicaid and SCHIP programs do not determine individual eligibility or enroll individuals. Rather, the proportion of the entire population known to be below the poverty level is presumed eligible and the cost of providing Medicaid services to this population is used to determine the Medicaid share of the program (50/50). Over 56% of the population have incomes at or below the federal poverty level. Because the American Samoa Government provides all health care services at little or no cost, everyone, including low income individuals and families have access to essential services. The federal share is reimbursed to the hospital and Department of Health directly to help subsidize the cost of these services. American Samoa opted to implement SCHIP as an extension of its Medicaid Program; all children are eligible for SCHIP services.

2. Section Number: Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2005**Field Note:**

The American Samoa Medicaid and SCHIP programs do not determine individual eligibility or enroll individuals. Rather, the proportion of the entire population known to be below the poverty level is presumed eligible and the cost of providing Medicaid services to this population is used to determine the Medicaid share of the program (50/50). Over 56% of the population have incomes at or below the federal poverty level. Because the American Samoa Government provides all health care services at little or no cost, everyone, including low income individuals and families have access to essential services. The federal share is reimbursed to the hospital and Department of Health directly to help subsidize the cost of these services. American Samoa opted to implement SCHIP as an extension of its Medicaid Program; all children are eligible for SCHIP services.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective				50	50
Annual Indicator			0.0	0.0	14.0
Numerator			0	0	1,230
Denominator			2,031	3,341	8,791

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	14	14	13	13	12
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2007

Field Note:

The data reported for this measure is of the children served at the Well Baby Clinics as WIC is unable to extract this data from the current WIC database.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective				20	20
Annual Indicator			0.0	2.1	3.3
Numerator			0	30	10
Denominator			1,720	1,442	300

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	10	7	5	3	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes1. **Section Number:** Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2006**Field Note:**

This data reported for this measure was collected from the pregnancy risk assessment survey started in May 2007. This data is not representative of all women who were pregnant as this data was only collected over a short period of time therefore the target for this measure will not be changed until more reliable data is available.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	44	43	41	40	40
Annual Indicator	43.1	41.5	0.0	0.0	0.0
Numerator	7	7	0	0	0
Denominator	16,247	16,857	5,223	5,430	5,320

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes Yes

Provisional Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	39	38	30	30	28
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2006

Field Note:

Reporting for this measure has changed in from 2004 to 2005 and 2006. Previously (as in 2004) the data was reported in three year moving sums because that was how it had been reported since 2001. In 2005 the data were reported in 3 year moving averages, therefore there appears to be a significant decrease in the total number reported. This decrease is the difference between previous reporting practices of using a three sum versus using a three year average.

2. **Section Number:** Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2005

Field Note:

There were no events to report for this measure in 2005.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	0	1,713	1,720	1,442	1,291

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes Yes

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- 1.
- Section Number:**
- Performance Measure #17

Field Name: PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

There are no facilities specifically for high risk deliveries in American Samoa. There is only one delivery facility and it is the LBJ Tropical Medical Center.

- 2.
- Section Number:**
- Performance Measure #17

Field Name: PM17**Row Name:****Column Name:****Year:** 2005**Field Note:**

There are no facilities specifically for high risk deliveries in American Samoa. There is only one delivery facility and it is the LBJ Tropical Medical Center.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	24	25	13	13	14
Annual Indicator	25.3	12.2	14.7	15.0	22.1
Numerator	165	65	73	82	96
Denominator	651	531	496	547	435

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	14	15	16	16	16
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes1. **Section Number:** Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

This is preliminary data collected thus far. It is a sampling of the prenatal records. This is only provisional and will be updated in the progress report in December 2008.

STATE PERFORMANCE MEASURE # 1

Percent of infants born to women receiving adequate Prenatal Care according to the Kotelchuk Index.

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective				10	11
Annual Indicator	25.3	12.2	14.7	15.0	22.1
Numerator	165	65	73	82	96
Denominator	651	531	496	547	435
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	12	13	15	15	15
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** State Performance Measure #1

Field Name: SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

This data was collected from a random sample of prenatal records. Thus is provisional.

2. **Section Number:** State Performance Measure #1

Field Name: SM1**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported for this measure reflect only the total number of live births to women in the Tafuna district who are in the service area of the Community Health Center. This is the data available at the time of this report however it does not reflect all births for the Territory.

STATE PERFORMANCE MEASURE # 2

Percentage of annual re-evaluation of Children with Special Health Care Needs (CSHCN) by the Interdisciplinary Team.

<u>Annual Objective and Performance Data</u>					
	2003	2004	2005	2006	2007
Annual Performance Objective				98	50
Annual Indicator	75.0	47.6	97.9	76.4	87.9
Numerator	108	70	143	107	123
Denominator	144	147	146	140	140
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective	60	70	80	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 3

Percent of 2, 3, and 4 year old children who are seen in the in the MCH Well Child Clinics who access dental health services.

<u>Annual Objective and Performance Data</u>					
	2003	2004	2005	2006	2007
Annual Performance Objective				12	14
Annual Indicator			35.3	10.8	14.9
Numerator			1,067	362	563
Denominator			3,020	3,341	3,791
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2008	2009	2010	2011	2012
Annual Performance Objective	16	18	20	22	22
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 4

Percentage of 4 month olds in Well Baby Clinics who are exclusively breastfed.

<u>Annual Objective and Performance Data</u>					
	2003	2004	2005	2006	2007
Annual Performance Objective				25	25
Annual Indicator			31.2	27.1	31.2
Numerator			516	416	353
Denominator			1,652	1,534	1,132
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2008	2009	2010	2011	2012
Annual Performance Objective	30	31	31	32	32
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 5

Percent of 14-17 year olds attending school who admitted to smoking in the last 30 days.

<u>Annual Objective and Performance Data</u>					
	2003	2004	2005	2006	2007
Annual Performance Objective				40	39
Annual Indicator			0.0	40.0	24.2
Numerator			0	614	878
Denominator			1,535	1,535	3,625
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective	24	24	22	22	20
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** State Performance Measure #5

Field Name: SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

The numerator reported for this measure is the total number of survey participants in the 2007 YRBS, which had greater success in response rate than in previous years.

2. **Section Number:** State Performance Measure #5

Field Name: SM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

This data reflects the last YRBS data that was available for 1999. The most current YRBS data has yet to be released by the Department of Education and CDC.

STATE PERFORMANCE MEASURE # 6

To decrease the percentage of 1 year olds with low hemoglobin (less than 11)

Annual Objective and Performance Data					
	2003	2004	2005	2006	2007
Annual Performance Objective				54	29
Annual Indicator			30.0	31.0	10.9
Numerator			517	484	157
Denominator			1,726	1,562	1,440
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2008	2009	2010	2011	2012
Annual Performance Objective	29	28	28	27	27
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** State Performance Measure #6

Field Name: SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

In 2007 there was equipment failure with the hemoglobin testing units. For this reason the data reported for this year reflects a much smaller number of children screened. The program has since ordered new machines and this data is expected to be a better reflection of hemoglobin testing in 2009.

STATE PERFORMANCE MEASURE # 7

Percent of children among the children with special needs who are known to the CSN Program who receive an annual dental assessment.

<u>Annual Objective and Performance Data</u>					
	2003	2004	2005	2006	2007
Annual Performance Objective					60
Annual Indicator			20.5	57.9	87.9
Numerator			30	81	123
Denominator			146	140	140
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective	<u>62</u>	<u>64</u>	<u>66</u>	<u>68</u>	<u>68</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: AS

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	12.5	12	11	11	10
Annual Indicator	13.3	14.8	11.3	11.1	8.5
Numerator	65	73	19	18	11
Denominator	4,891	4,949	1,680	1,625	1,291

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes

Provisional Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	10	10	9	9	8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective					
Annual Indicator	NaN	NaN	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	0	0	1,680	1,625	1,291
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer			Yes	Yes	Yes
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?					

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	8.5	7	7	6	6
Annual Indicator	7.6	12.9	7.1	6.2	5.4
Numerator	37	64	12	10	7
Denominator	4,891	4,949	1,680	1,625	1,291

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes

Yes

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	5	5	4	4	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	3.2	5	5	4	4
Annual Indicator	5.3	5.5	4.2	4.9	3.1
Numerator	26	27	7	8	4
Denominator	4,891	4,949	1,680	1,625	1,291

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes

Yes

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	3	3	3	3	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	16.5	16	16	16	16
Annual Indicator	16.0	17.6	14.2	12.8	11.6
Numerator	79	88	24	21	15
Denominator	4,936	4,996	1,694	1,638	1,298

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	15	15	15	15	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	33	55	55	54	54
Annual Indicator	56.8	48.9	48.8	55.7	15.9
Numerator	37	33	10	12	4
Denominator	65,180	67,507	20,486	21,549	25,154

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes

Yes

Provisional

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	53	52	52	52	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes

None

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: AS

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

1

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

1

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

1

4. Family members are involved in service training of CSHCN staff and providers.

1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

0

6. Family members of diverse cultures are involved in all of the above activities.

3

Total Score: 7

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: AS FY: 2009

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To increase the percent of women with a live birth who have received adequate prenatal care as determined by the Kotelchuk Index.
2. To increase the percent of children with special needs who have received an annual reevaluation by an interdisciplinary team.
3. To increase the percent of 2, 3, and 4-year-old children who are seen in the MCH Well Child Clinic who access dental health services.
4. To increase the percent of 4-month-old infants who attend the Well Baby Clinic at 4 months of age who are exclusively breastfeeding.
5. To decrease the percent of adolescents in Grades 9-12 who report smoking cigarettes within the past 30 days.
6. To improve nutritional status of children under the age of 5 years old.
7. To increase the percent of children among the children with special needs who are known to the CSN Program who receive an annual dental assessment.
- 8.
- 9.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: AS

APPLICATION YEAR: 2009

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>8</u>	Improving service systems for adolescent health.	Adolescent health is a service area of great need and is under developed in AS	Gwendolyn Adams
2.	Data-related Issues - Data Systems Development If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Improving data capacity in AS.	Data infrastructure and capacity need to be improves for surveillance and reporting.	Unknown
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: AS

SP # 1

PERFORMANCE MEASURE:

Percent of infants born to women receiving adequate Prenatal Care according to the Kotelchuk Index.

STATUS:

Active

GOAL

Increase percent of infants born to women receiving adequate prenatal care according to the Kotelchuk Index.

DEFINITION

Numerator:

Number of live births to women who received adequate PNC in calendar year

Denominator:

Total live births of calendar year

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Post Partum Cards and Medical Records Data issues: prenatal care information is not listed on the standard birth certificate in American Samoa. This data must be obtained from clinic log books and medical records.

SIGNIFICANCE

Early, continuous, and high quality prenatal care is critical to improving pregnancy outcomes.

SP # 2

PERFORMANCE MEASURE:

Percentage of annual re-evaluation of Children with Special Health Care Needs (CSHCN) by the Interdisciplinary Team.

STATUS:

Active

GOAL

Increase the percent of CSHCN who have been re-evaluated annually by the Interdisciplinary Team.

DEFINITION

Numerator:

Number of CSHCN who have had an annual re-evaluation by the Interdisciplinary Team.

Denominator:

Total number of CSHCN registered in the program.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

CSHCN Program records.

SIGNIFICANCE

Children with special health care needs and their families require assistance in accessing and coordinating services for health care. This population requires close case management by a "medical home" which will re-evaluate the effectiveness of arranged plans.

SP # 3

PERFORMANCE MEASURE:

Percent of 2, 3, and 4 year old children who are seen in the in the MCH Well Child Clinics who access dental health services.

STATUS:

Active

GOAL

Decrease dental caries among 2, 3, and 4 years old in the Well Child Clinics.

DEFINITION

Numerator:

Children 2, 3, and 4 year olds in Well Child clinics who access dental health services.

Denominator:

Total number of children 2, 3, and 4 years old in Well Child Clinics.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Well Child Clinic records.

SIGNIFICANCE

Dental caries rates have proven to be very high in American Samoan children. Dental caries is fully preventable and, if left untreated, can seriously compromise a child's quality of life and lead to other illnesses.

SP # 4

PERFORMANCE MEASURE:

Percentage of 4 month olds in Well Baby Clinics who are exclusively breastfed.

STATUS:

Active

GOAL

Increase the percent of 4 month old infants in Well Baby Clinics who are exclusively breastfed.

DEFINITION

Numerator:

Number of 4 month old infants in Well Baby Clinics who are exclusively breastfed.

Denominator:

Number of 4 month olds in Well Baby Clinics.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Well Baby Clinic Records.

SIGNIFICANCE

Breastfed infants have significantly fewer doctor's visits in the first year of life due to the increased immunities transferred to the infant during breastfeeding. Evidence shows that breastfeeding is the optimal way to feed an infant up to at least 12 months of age and can contribute positively to mother-child bonding, promote security in the child and decrease the likelihood of S.I.D.S.

SP # 5

PERFORMANCE MEASURE:

Percent of 14-17 year olds attending school who admitted to smoking in the last 30 days.

STATUS:

Active

GOAL

Decrease the number of adolescents surveyed with the YRBS who admitted to smoking in the last 30 days.

DEFINITION

Numerator:

Number of students surveyed (YRBS) who admitted to smoking in the last 30 days.

Denominator:

Total number of students surveyed in YRBS.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

YRBS Survey results from DOE.

SIGNIFICANCE

Smoking among youth is on the rise in the US and in American Samoa as well. Tobacco is seen as the "threshold" drug which leads to consumption of other drugs. Smoking among adolescents is problematic in that often times, the individual adopts smoking as a long term behavior which leads to illness and possible death. Cigarette smoke is directly linked to low birthweight and prematurity.

SP # 6

PERFORMANCE MEASURE:

To decrease the percentage of 1 year olds with low hemoglobin (less than 11)

STATUS:

Active

GOAL

To improve the nutritional status of children under the age of 12 months old.

DEFINITION

Percentage of children with low hemoglobin at 1 year of age.

Numerator:

Number of children with hemoglobin measuring less than 11 at one year of age.

Denominator:

Total number of 1 year old children seen in well baby clinics.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Well child care records

SIGNIFICANCE

Hemoglobin is a measure of nutritional status. At 6 months of age 54% of infants in American Samoa have low hemoglobin (less than 11)

SP # 7

PERFORMANCE MEASURE:

Percent of children among the children with special needs who are known to the CSN Program who receive an annual dental assessment.

STATUS:

Active

GOAL

To increase the percent of children among the children with special needs who are known to the CSN Program who receive an annual dental assessment.

DEFINITION

Numerator:

Number of CSN who assess dental services

Denominator:

Total number of known CSN

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

CSN Program data

SIGNIFICANCE

Children with special healthcare needs appear to utilize dental health services at a disproportionate rate. This measure is intended to increase utilization of dental health services by this population.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: AS

Form Level Notes for Form 17

All data reported for each performance measure in Form 17 are provisional.

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>28.0</u>	<u>28.0</u>	<u>0.0</u>	<u>0.0</u>	<u>162.6</u>
Numerator	<u>24</u>	<u>24</u>	<u>0</u>	<u>0</u>	<u>143</u>
Denominator	<u>8,576</u>	<u>8,576</u>	<u>8,941</u>	<u>8,872</u>	<u>8,796</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes

Provisional

Provisional

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2007

Field Note:

Data for Year 2007 for this performance measure was not available at the time of this report. Data will be reported as soon as it becomes available.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>90.7</u>	<u>71.7</u>
Numerator	<u>1,736</u>	<u>1,446</u>	<u>1,726</u>	<u>1,417</u>	<u>926</u>
Denominator	<u>1,736</u>	<u>1,446</u>	<u>1,726</u>	<u>1,562</u>	<u>1,291</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2007

Field Note:

This indicator does not apply to American Samoa due to its unique Medicaid program. The data reported for this measure are the number of infants screened at the Well Baby clinics. More specifically, this data was collected from only two Well Baby Clinics, Tafuna Family Health Center and CII (Central). Thus the reason for the significant drop in data reported. Data from Amouli and Leone clinics are not available at this time. Once it is available it will be reported.

2. **Section Number:** Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2006

Field Note:

This indicator does not apply to American Samoa due to its unique Medicaid program. The data reported for this measure are the number of infants screened at the Well Baby Clinics

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>90.7</u>	<u>71.7</u>
Numerator	<u>1,736</u>	<u>1,446</u>	<u>1,726</u>	<u>1,417</u>	<u>926</u>
Denominator	<u>1,736</u>	<u>1,446</u>	<u>1,726</u>	<u>1,562</u>	<u>1,291</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2006

Field Note:

This indicator does not apply to American Samoa due to its unique Medicaid program. The data reported for this measure are the number of infants screened at the Well Baby Clinics

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>19.2</u>	<u>0.0</u>	<u>14.7</u>	<u>18.8</u>	<u>22.1</u>
Numerator	<u>121</u>	<u>0</u>	<u>73</u>	<u>103</u>	<u>96</u>
Denominator	<u>631</u>	<u>1,713</u>	<u>496</u>	<u>547</u>	<u>435</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2007

Field Note:

Beginning with the 2007 annual report, the Pacific Basin Jurisdictions may have changed to the World Health Organization (WHO) standard rather than the Kotelchuck Index to report indicator data for HSC04. The WHO standard recommends as essential that pregnant women make four prenatal care visits.

2. **Section Number:** Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported for prenatal care is for Tafuna clinic alone, not including women who access care at other clinics. The remainder of the data is in the process of being cleaned and verified.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>7,602</u>	<u>5,493</u>	<u>6,094</u>	<u>4,972</u>	<u>4,756</u>
Denominator	<u>7,602</u>	<u>5,493</u>	<u>6,094</u>	<u>4,972</u>	<u>4,756</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2007

Field Note:

The data reported are children served at the Well Baby Clinics whom are presumed 100% eligible.

2. **Section Number:** Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported for this measure is derived from the number of children receiving services at the Well Baby clinics. The unique nature of Medicaid and SCHIP Programs in American Samoa do not differentiate between Medicaid and non-Medicaid services.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>81.5</u>	<u>100.0</u>	<u>63.7</u>	<u>43.0</u>	<u>56.6</u>
Numerator	<u>506</u>	<u>621</u>	<u>382</u>	<u>626</u>	<u>810</u>
Denominator	<u>621</u>	<u>621</u>	<u>600</u>	<u>1,455</u>	<u>1,430</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in this measure are children who received a dental screening from the SCHIP and MCH school dental team from the 3rd grade in the 2007 school year.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

Annual Indicator Data					
	2003	2004	2005	2006	2007
Annual Indicator	NaN	100.0	100.0	100.0	100.0
Numerator	0	1	1	1	1
Denominator	0	1	1	1	1

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes Yes

Provisional Provisional

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2007

Field Note:

This measure does not apply to American Samoa as we are not eligible for SSI.

2. Section Number: Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2006

Field Note:

This measure does not apply to American Samoa as we are not eligible for SSI.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: AS

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2007	Other	<u>3.3</u>	<u>0</u>	<u>3.3</u>
b) <i>Infant deaths per 1,000 live births</i>	2007	Other	<u>8.5</u>	<u>0</u>	<u>8.5</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2007	Other	<u>22</u>	<u>0</u>	<u>22</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2007	Other	<u>22</u>	<u>0</u>	<u>22</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: AS

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2007	100
b) <i>Medicaid Children</i> (Age range <u>2</u> to <u>5</u>) (Age range <u>6</u> to <u>9</u>) (Age range <u>10</u> to <u>21</u>)	2007	100 100 100
c) <i>Pregnant Women</i>	2007	100

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: AS

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2007	100
b) <i>Medicaid Children</i> (Age range <u>2</u> to <u>5</u>) (Age range <u>6</u> to <u>9</u>) (Age range <u>10</u> to <u>21</u>)	2007	100 100 100
c) <i>Pregnant Women</i>	2007	100

FORM NOTES FOR FORM 18

The American Samoa Medicaid and SCHIP programs do not determine individual eligibility or enroll individuals. Rather, the proportion of the entire population known to be below the poverty level is presumed eligible and the cost of providing Medicaid services to this population is used to determine the Medicaid share of the program (50/50). Over 56% of the population have incomes at or below the federal poverty level. Because the American Samoa Government provides all health care services at little or no cost, everyone, including low income individuals and families have access to essential services. The federal share is reimbursed to the hospital and the Department of Health directly to help subsidize the cost of these services. American Samoa opted to implement SCHIP as an extension of its Medicaid Program; all children are eligible for SCHIP services.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2009
Field Note:
The data source is from Vital Statistics.
2. **Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2009
Field Note:
The data source is from Vital Statistics.
3. **Section Number:** Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2009
Field Note:
This data is a random sampling collected from the prenatal clinic.
4. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2009
Field Note:
This data was collected from a random sampling of prenatal records.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: AS

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	2	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:

1 = No, the MCH agency does not have this ability.

2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.

3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: AS

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: AS

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2003	2004	2005	2006	2007
Annual Indicator	<u>4.2</u>	<u>3.3</u>	<u>3.8</u>	<u>2.8</u>	<u>3.3</u>
Numerator	<u>67</u>	<u>57</u>	<u>65</u>	<u>41</u>	<u>42</u>
Denominator	<u>1,609</u>	<u>1,713</u>	<u>1,720</u>	<u>1,442</u>	<u>1,291</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

		<u>Annual Indicator Data</u>				
		2003	2004	2005	2006	2007
Annual Indicator		<u>3.3</u>	<u>3.0</u>	<u>3.0</u>	<u>2.6</u>	<u>3.0</u>
Numerator		<u>52</u>	<u>50</u>	<u>51</u>	<u>37</u>	<u>38</u>
Denominator		<u>1,566</u>	<u>1,681</u>	<u>1,689</u>	<u>1,424</u>	<u>1,271</u>
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?						
					Provisional	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

		<u>Annual Indicator Data</u>				
		2003	2004	2005	2006	2007
Annual Indicator		<u>0.6</u>	<u>0.2</u>	<u>0.3</u>	<u>0.6</u>	<u>0.5</u>
Numerator		<u>10</u>	<u>4</u>	<u>5</u>	<u>8</u>	<u>7</u>
Denominator		<u>1,609</u>	<u>1,713</u>	<u>1,720</u>	<u>1,442</u>	<u>1,291</u>
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?						
					Provisional	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	0.5	0.2	0.3	0.6	0.6
Numerator	8	3	5	8	7
Denominator	1,566	1,681	1,689	1,424	1,271
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	<u>Annual Indicator Data</u>				
	2003	2004	2005	2006	2007
Annual Indicator	<u>4.5</u>	<u>4.0</u>	<u>4.0</u>	<u>4.4</u>	<u>3.8</u>
Numerator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Denominator	<u>22,411</u>	<u>24,852</u>	<u>24,852</u>	<u>22,720</u>	<u>26,444</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?					
				Provisional	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>12.4</u>	<u>4.0</u>	<u>0.0</u>	<u>4.4</u>	<u>3.8</u>
Numerator	<u>3</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>1</u>
Denominator	<u>24,289</u>	<u>24,852</u>	<u>24,852</u>	<u>22,720</u>	<u>26,444</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>9.5</u>	<u>18.9</u>	<u>28.4</u>	<u>27.6</u>	<u>0.0</u>
Numerator	<u>1</u>	<u>2</u>	<u>3</u>	<u>3</u>	<u>0</u>
Denominator	<u>10,579</u>	<u>10,579</u>	<u>10,579</u>	<u>10,870</u>	<u>11,546</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>531.1</u>	<u>0.0</u>	<u>0.0</u>	<u>58.4</u>	<u>94.5</u>
Numerator	<u>129</u>	<u>0</u>	<u>0</u>	<u>13</u>	<u>25</u>
Denominator	<u>24,289</u>	<u>23,500</u>	<u>23,179</u>	<u>22,270</u>	<u>26,444</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>123.5</u>	<u>62.0</u>	<u>53.7</u>	<u>39.6</u>	<u>41.6</u>
Numerator	<u>30</u>	<u>15</u>	<u>11</u>	<u>9</u>	<u>11</u>
Denominator	<u>24,289</u>	<u>24,189</u>	<u>20,486</u>	<u>22,720</u>	<u>26,444</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>302.5</u>	<u>31.3</u>	<u>51.6</u>	<u>36.8</u>	<u>129.9</u>
Numerator	<u>32</u>	<u>3</u>	<u>5</u>	<u>4</u>	<u>15</u>
Denominator	<u>10,579</u>	<u>9,589</u>	<u>9,699</u>	<u>10,870</u>	<u>11,546</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>1.9</u>	<u>0.0</u>	<u>0.2</u>	<u>11.7</u>	<u>10.2</u>
Numerator	<u>5</u>	<u>0</u>	<u>1</u>	<u>35</u>	<u>30</u>
Denominator	<u>2,611</u>	<u>4,723</u>	<u>5,611</u>	<u>2,990</u>	<u>2,946</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

		<u>Annual Indicator Data</u>			
	2003	2004	2005	2006	2007
Annual Indicator	1.8	0.0	0.1	4.1	4.4
Numerator	19	0	1	46	54
Denominator	10,272	11,324	11,659	11,260	12,138
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

None

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AS

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	1,291	0	0	0	32	1,259	0	0
Children 1 through 4	6,288	0	0	0	0	5,868	0	420
Children 5 through 9	7,481	0	0	0	0	7,101	0	380
Children 10 through 14	7,706	0	0	0	0	7,356	0	350
Children 15 through 19	6,289	0	0	0	0	6,120	0	169
Children 20 through 24	4,596	0	0	0	0	4,426	0	170
Children 0 through 24	33,651	0	0	0	32	32,130	0	1,489

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	1,291	0	0
Children 1 through 4	6,288	0	0
Children 5 through 9	7,481	0	0
Children 10 through 14	7,706	0	0
Children 15 through 19	6,289	0	0
Children 20 through 24	4,596	0	0
Children 0 through 24	33,651	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AS

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	0	0	0	0	0	0	0	0
Women 15 through 17	27	0	0	0	0	27	0	0
Women 18 through 19	68	0	0	0	2	66	0	0
Women 20 through 34	973	0	0	0	22	951	0	0
Women 35 or older	223	0	0	0	8	215	0	0
Women of all ages	1,291	0	0	0	32	1,259	0	0

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	0	0	0
Women 15 through 17	27	0	0
Women 18 through 19	68	0	0
Women 20 through 34	973	0	0
Women 35 or older	223	0	0
Women of all ages	1,291	0	0

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HEALTH STATUS INDICATORS
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HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	11	0	0	0	0	11	0	0
Children 1 through 4	1	0	0	0	0	1	0	0
Children 5 through 9	0	0	0	0	0	0	0	0
Children 10 through 14	3	0	0	0	0	3	0	0
Children 15 through 19	3	0	0	0	0	3	0	0
Children 20 through 24	9	0	0	0	1	8	0	0
Children 0 through 24	27	0	0	0	1	26	0	0

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	11	0	0
Children 1 through 4	1	0	0
Children 5 through 9	0	0	0
Children 10 through 14	3	0	0
Children 15 through 19	3	0	0
Children 20 through 24	9	0	0
Children 0 through 24	27	0	0

FORM 21
HEALTH STATUS INDICATORS
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HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	29,087	0.0	0.0	0.0	32.0	27,736.0	0.0	1,319.0	2007
Percent in household headed by single parent	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Percent in TANF (Grant) families	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Number enrolled in Medicaid	29,087	0.0	0.0	0.0	32.0	27,736.0	0.0	1,319.0	2007
Number enrolled in SCHIP	29,087	0.0	0.0	0.0	32.0	27,736.0	0.0	1,319.0	2007
Number living in foster home care	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Number enrolled in food stamp program	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Number enrolled in WIC	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	27,768.0	0.0	1,319.0	2007
Percent in household headed by single parent	0.0	0.0	0.0	2007
Percent in TANF (Grant) families	0.0	0.0	0.0	2007
Number enrolled in Medicaid	0.0	0.0	0.0	2007
Number enrolled in SCHIP	0.0	0.0	0.0	2007
Number living in foster home care	0.0	0.0	0.0	2007
Number enrolled in food stamp program	0.0	0.0	0.0	2007
Number enrolled in WIC	0.0	0.0	0.0	2007
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	2007
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	0.0	2007

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HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	0
Living in rural areas	19,791
Living in frontier areas	0
Total - all children 0 through 19	19,791

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

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HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	65,500.0
Percent Below: 50% of poverty	0.0
100% of poverty	60.0
200% of poverty	40.0

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HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	29,055.0
Percent Below: 50% of poverty	0.0
100% of poverty	40.0
200% of poverty	60.0

FORM NOTES FOR FORM 21

Data reported is provisional at this time.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2009
Field Note:
This data is unavailable.
2. **Section Number:** Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2009
Field Note:
This data is unavailable.
3. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2009
Field Note:
This data is unavailable.